

Fill in this information to identify the case:

Debtor name Epic Smokehouse LLC
United States Bankruptcy Court for the: Eastern District of Virginia
Case number (if known): 25-10855 (State)

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B* \$ 0.00

1b. **Total personal property:**
Copy line 91A from *Schedule A/B* \$ 293,533.15

1c. **Total of all property:**
Copy line 92 from *Schedule A/B* \$ 293,533.15

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* \$ 150,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 6a of *Schedule E/F* \$ 45,000.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* +\$ 540,097.96

4. **Total liabilities** \$ 735,097.96
Lines 2 + 3a + 3b

Fill in this information to identify the case:Debtor name Epic Smokehouse LLCUnited States Bankruptcy Court for the: Eastern District of VirginiaCase number (if known): 25-10855☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 878.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Bank of America</u>	<u>Checking</u>	<u>5 8 3 0</u>	\$ <u>4,514.68</u>
3.2. <u>See continuation sheet</u>			\$ <u>12,772.47</u>

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1\$ 18,165.15

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. <u>Millennium Owner LLC</u>	\$ <u>5,000.00</u>
7.2. _____	\$ _____

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Epic Smokehouse LLC
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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 5,000.00

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____11b. Over 90 days old: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

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Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
See continuation sheet		12,500.00		Unknown
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 0.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☒ Yes. Book value 3,500.00 Valuation method cost Current value 0.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Epic Smokehouse LLC
Name33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Chair	\$ _____	manager estimate	\$ 10.00
40. Office fixtures desk/counter, shelves	\$ _____	manager estimate	\$ 0.00
41. Office equipment, including all computer equipment and communication systems equipment and software 2 computers, monitor, printer/scanner	\$ _____	manager estimate	\$ 200.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 210.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor

Epic Smokehouse LLC

Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 Ford van 2013	\$	KBB trade	\$ 5,130.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See continuation sheet			
	\$ 28,674.00		\$ 31,500.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 36,630.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Name

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 1330 S Fern St Arlington VA	Lease	0.00 \$		0.00 \$
55.2		\$		\$
55.3		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

0.00
\$

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites Internet domain name and web site	\$		Unknown \$
62. Licenses, franchises, and royalties Liquor license (non-transferable), business license, health dept. per	\$		0.00 \$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property Unregistered trademark/trade name	\$		Unknown \$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

0.00
\$

Debtor

Epic Smokehouse LLC
Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

See continuation sheet

400,055.00

Total face amount

166,527.00

doubtful or uncollectible amount

= →

\$ 233,528.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____ \$ _____
Tax year _____ \$ _____
Tax year _____ \$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 233,528.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Epic Smokehouse LLC
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 18,165.15	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 5,000.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 210.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 36,630.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→ \$ 0.00	
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 233,528.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 293,533.15	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 293,533.15		\$ 293,533.15

Debtor 1

Epic Smokehouse LLC

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B**3) Checking, savings, money market, or financial brokerage accounts**

General description	Type of account	Last 4 digits of account number
Bank of America	Checking	5801
Balance: 1,619.64		
Bank of America	Checking	5827
Balance: 10.45		
Bank of America	Checking	7340
Balance: 11,142.38		

22) Other inventory or supplies

General description	Date of the last physical inventory	Net book value	Valuation method	Current value
Beverage inventory		9,000.00	cost (estimated)	Unknown
Food and supplies inventory		3,500.00	cost	Unknown

50) Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value	Valuation method	Current value
Reach-in refrigerator		manager estimate	1,500.00
Broiler oven		manager estimate	10,000.00
Furniture fixtures and equipment as per attached personal property return	28,674.00	manager estimate	20,000.00

71) Notes receivable

General description	Total face amount	Doubtful or uncollectible amount	Current value
Due from Uncommon Luncheonette (defunct)	166,527.00	166,527.00	0.00
Due from American	233,528.00	0.00	233,528.00

Debtor 1

Epic Smokehouse LLC

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B

Prime

Name					
Business Tangible Asset List					
BTN ACCT #1000900160-03					
Date	Description	Type	Cost	2024	
				FF& E	Computer
2012					
8/31/2012	POS Hardware	COMP	\$ 5,607.00	\$ -	\$ -
8/29/2012	Micro Center Computer	COMP	\$ 770.00	\$ -	\$ 5,607.00
8/20/2012	Music System	FFE	\$ 4,495.00	\$ 4,495.00	\$ -
9/3/2012	Flat Pannel TV	FFE	\$ 3,448.00	\$ 3,448.00	\$ -
8/31/2012	POS Software	NT	\$ 20,000.00	\$ -	\$ -
3/12/2012	CLPF-Metropolitan Two Venture LP (Leased Equip)	NT	\$ 263,864.00	\$ -	\$ -
	Planetary Mixer - Floor Unit, 30 Qt. Capacity, 1 HP	FFE	\$ 4,094.00	\$ 4,094.00	\$ -
	Electric Food Slicer - Heavy Duty Manual Slicer	FFE	\$ 2,269.00	\$ 2,269.00	\$ -
	Extra Heavy Duty Sheet Pan Combo Deal - 40 Heavy Duty Sheet Pans and Hea	FFE	\$ 1,519.00	\$ 1,519.00	\$ -
	3 Qt. Commercial Standard Food Processor - Plastic Bowl, FREE KIT	FFE	\$ 956.00	\$ 956.00	\$ -
	Utility Truck 1000 lb. Capacity, 48"W	FFE	\$ 435.00	\$ 435.00	\$ -
	(8) MetroMax Q Shelving Kit - 5 Shelves, 36"Wx21"Dx74"H, 800 lb. Shelf Capac	FFE	\$ 2,719.92	\$ 2,719.92	\$ -
	Light Duty Microwave - Painted Interior, 20 Programmable Menu Settings	FFE	\$ 299.00	\$ 299.00	\$ -
	Multi-Use Commercial Rice Cooker - 60 Cup Capacity	FFE	\$ 269.00	\$ 269.00	\$ -
	Standard Cart with Shelf Panel Kit, 3 Shelves, 400 lb. Capacity	FFE	\$ 229.00	\$ 229.00	\$ -
	Commercial Fry Cutter and Wedger	FFE	\$ 219.00	\$ 219.00	\$ -
	Immersion Blender High Power, 24 Qt. Capacity	FFE	\$ 189.00	\$ 189.00	\$ -
	Ultra Heavy Duty Weight Aluminum Cookware - Sauce Pot, 26 Qt.	FFE	\$ 189.00	\$ 189.00	\$ -
	Stainless Steel Mandoline	FFE	\$ 154.00	\$ 154.00	\$ -
	Commercial Standard Medium Height Can Opener No. 1, For Cans Up To 11"H	FFE	\$ 119.00	\$ 119.00	\$ -
	Mopping Combo Deal	FFE	\$ 99.99	\$ 99.99	\$ -
	(1) Atlantic Drainage Mat 3 ft. Widx6 ft. Deep	FFE	\$ 77.89	\$ 77.89	\$ -
	Rotating Kitchen Dial Scale 32 oz. x 1/4 oz. Capacity	FFE	\$ 61.69	\$ 61.69	\$ -
	(2) Big Green Commercial Sweeper, 9-1/2"W	FFE	\$ 120.00	\$ 120.00	\$ -
	Stainless Steel Whip - Mayonnaise, 36"L Overall	FFE	\$ 53.99	\$ 53.99	\$ -
	Tin-Plated Strainer, 2 -1/4 Qt. Capacity, 8" Diam.	FFE	\$ 51.99	\$ 51.99	\$ -
	Dolly For 20, 32, 44 and 55 Gallon Round Brute Containers	FFE	\$ 51.29	\$ 51.29	\$ -
	Stainless Steel China Cap Strainer Fine Perforations, 6 Qt.	FFE	\$ 44.29	\$ 44.29	\$ -
	Round Huskee Container - 44 Gallon Capacity	FFE	\$ 39.99	\$ 39.99	\$ -
	Grill Scraper 6"Wx16"Long	FFE	\$ 39.59	\$ 39.59	\$ -
	Gold Medal 5109 (1 1/2) Qt. Funnel Cake Pouring Pitcher - Stainless Steel	FFE	\$ 39.49	\$ 39.49	\$ -
	(2) 24 Qt. Carlisle 60311 Standard Weight Aluminum Brazier	FFE	\$ 76.98	\$ 76.98	\$ -
Total 2012					
2013					
2/10/2013	Shelving Units	FFE	\$ 1,500.00	\$ -	\$ -
	Belgian Waffle Baker Double Burner Unit	FFE	\$ 609.00	\$ 1,500.00	\$ -
	Mop/Broom Holder 48" Width	FFE	\$ 42.99	\$ 609.00	\$ -
Total 2013					
2014					
7/17/2014	Sous Vide	FFE	\$ 524.00	\$ -	\$ -
	Stainless Strainer - Sieve 16"Diam., Stainless Steel	FFE	\$ 49.99	\$ 524.00	\$ -
Total 2014					
2015					
8/6/2015	Micro Center 81	COMP	\$ 1,016.00	\$ -	\$ -
2/17/2015	2015 Ford Cargo Van	NT	\$ 24,351.00	\$ -	\$ 1,016.00
	Food Warmer - Four Third-Size	FFE	\$ 219.00	\$ 219.00	\$ -
Total 2015					
2016					
	Gold Medal 5142 Triple Mini Funnel Cake Mold Ring	FFE	\$ 39.49	\$ -	\$ -
Total 2016					
2017					
				\$ -	\$ -

12/31/2017	Small IPADs and Printers	COMP	\$	768.00	\$	-	\$	768.00
12/31/2017	Comuter Equipment	COMP	\$	1,299.00	\$	-	\$	1,299.00
12/31/2017	Comuter Equipment	COMP	\$	1,985.00	\$	-	\$	1,985.00
12/31/2017	Bar Freezer	FFE	\$	221.00	\$	221.00	\$	-
12/31/2017	Shelving	FFE	\$	352.00	\$	352.00	\$	-
	Computer Chair	FFE	\$	704.88	\$	704.88	\$	-
	Apple	COMP	\$	1,157.91	\$	-	\$	1,157.91
Total 2017					\$	26,622.45		
2018					\$	-	\$	-
Total 2018					\$	-		
2019					\$	-	\$	-
6/28/2019	Laptop	COMP	\$	510.00	\$	-	\$	510.00
8/9/2019	Fridge	FFE	\$	2,470.00	\$	2,470.00	\$	-
8/20/2019	Apple Equipment	COMP	\$	402.00	\$	-	\$	402.00
10/26/2019	Amazon Computer	COMP	\$	619.00	\$	-	\$	619.00
11/2/2019	Freezer	FFE	\$	1,948.00	\$	1,948.00	\$	-
11/9/2019	Refridgerator	FFE	\$	2,146.00	\$	2,146.00	\$	-
	(3) Atlantic Drainage Mat 3 ft. Widex6 ft. Deep 77.89	FFE	\$	233.67	\$	233.67	\$	-
	Slim Jim Trolley 200 lb. Capacity	FFE	\$	73.59	\$	73.59	\$	-
	(2) Cambro Food Storage Box, Full-Size, 22 Gallon	FFE	\$	87.98	\$	87.98	\$	-
	Vaccum Cleaner	FFE	\$	300.00	\$	300.00	\$	-
Total 2019					\$	7,259.24		
2020					\$	-	\$	-
6/17/2020	Refrigerator	FFE	\$	2,380.00	\$	2,380.00	\$	-
5/12/2020	Ecolab Apex HT (Base rate \$175.00, 2 yrs) - leased	NT	\$	4,200.00	\$	-	\$	-
5/12/2020	Ecolab U-LT (Base rate \$100.00, 24 months) - leased	NT	\$	2,400.00	\$	-	\$	-
	2 qt Pola Ice Cream Maker	FFE	\$	1,199.99	\$	1,199.99	\$	-
	Restaurant Cutting Board - Saf-T-Grip 6-Board Convenience Pack, 15"Wx20"D	FFE	\$	194.00	\$	194.00	\$	-
	(2) Poly BowTie Dunnage Rack, 48"D, 3000 lbs. Capacity	FFE	\$	241.92	\$	241.92	\$	-
	Slim Jim Container 23 Gallon, No Handles	FFE	\$	47.29	\$	47.29	\$	-
	8" Cleaver	FFE	\$	45.99	\$	45.99	\$	-
	(7) Water Pitcher 2-1/8 Quart	FFE	\$	310.73	\$	310.73	\$	-
	(1) 24 Qt. Carlisle 60311 Standard Weight Aluminum Brazier	FFE	\$	38.49	\$	38.49	\$	-
	(2) Sani-Safe Scalloped Roast Beef and Bread Slicer, 12" Blade	FFE	\$	59.98	\$	59.98	\$	-
	(4) Sani-Safe Cooks Knife 10" Blade	FFE	\$	115.96	\$	115.96	\$	-
	Sani-Safe Cimenter Steak Knife, 10" Blade	FFE	\$	27.99	\$	27.99	\$	-
	(6) Fry Pan - Natural Finish 10"Diam.	FFE	\$	160.74	\$	160.74	\$	-
	Chairs	FFE	\$	170.03	\$	170.03	\$	-
Total 2020					\$	4,993.11	\$	14,133.91
2021					\$	-	\$	-
5/6/2021	Best Buy Computer Equipment	COMP	\$	948.67	\$	-	\$	948.67
5/10/2021	Amazon Office Equipment	FFE	\$	561.70	\$	561.70	\$	-
6/10/2021	Wayfair Furniture	FFE	\$	111.29	\$	111.29	\$	-
6/14/2021	Homethreads Furniture	FFE	\$	6,649.60	\$	6,649.60	\$	-
7/20/2021	Wayfair Furniture	FFE	\$	7,564.48	\$	7,564.48	\$	-
10/6/2021	Best Buy Computer Equipment	COMP	\$	143.06	\$	-	\$	143.06
12/29/2021	Netgear Router	COMP	\$	30.00	\$	-	\$	30.00
11/16/2021	Best Buy Computer Equipment	COMP	\$	71.00	\$	-	\$	71.00
Total 2021					\$	14,887.07	\$	1,192.73
2022					\$	-	\$	-
04/03/2022	Wayfair Furniture	FFE	\$	1,567.57	\$	1,567.57	\$	-
04/09/2022	Apple Computer Equipment	COMP	\$	122.96	\$	-	\$	122.96
04/22/2022	Best Buy Computer Equipment	COMP	\$	423.99	\$	-	\$	423.99
04/22/2022	Best Buy Computer Equipment	COMP	\$	349.79	\$	-	\$	349.79
04/22/2022	Best Buy Computer Equipment	COMP	\$	137.78	\$	-	\$	137.78
04/22/2022	Crutchfield Equipment	COMP	\$	882.41	\$	-	\$	882.41
04/27/2022	Best Buy Computer Equipment	COMP	\$	678.37	\$	-	\$	678.37
04/27/2022	Best Buy Computer Equipment	COMP	\$	678.37	\$	-	\$	678.37
04/29/2022	Best Buy Computer Equipment	COMP	\$	74.19	\$	-	\$	74.19
11/09/2022	Wayfair Furniture	FFE	\$	528.90	\$	528.90	\$	-
12/18/2022	Apple Computer Equipment	COMP	\$	144.16	\$	-	\$	144.16

	Utility Truck 1000 lb. Capacity, 48"W	FFE	\$	435.00	\$	435.00	\$	-
	Belgian Waffle Baker Double Burner Unit	FFE	\$	91.00	\$	91.00	\$	-
	Light Duty Microwave - Painted Interior, 20 Programmable Menu Settings	FFE	\$	299.00	\$	299.00	\$	-
	Restaurant Cutting Board - Saf-T-Grip 6-Board Convenience Pack, 15"Wx20"D	FFE	\$	194.00	\$	194.00	\$	-
	Mopping Combo Deal	FFE	\$	99.99	\$	99.99	\$	-
	Rotating Kitchen Dial Scale 32 oz. x 1/4 oz. Capacity	FFE	\$	123.38	\$	123.38	\$	-
	Stainless Steel Whip - Mayonnaise, 36"L Overall	FFE	\$	53.99	\$	53.99	\$	-
	Tin-Plated Strainer, 2 -1/4 Qt. Capacity, 8" Diam.	FFE	\$	51.99	\$	51.99	\$	-
	Stainless Strainer - Sieve 16"Diam., Stainless Steel	FFE	\$	49.99	\$	49.99	\$	-
	Slim Jim Container 23 Gallon, No Handles	FFE	\$	331.03	\$	331.03	\$	-
	Water Pitcher 2-1/8 Quart	FFE	\$	44.39	\$	44.39	\$	-
	Cambro Food Storage Box, Full-Size, 22 Gallon	FFE	\$	351.92	\$	351.92	\$	-
	Mop/Broom Holder 48" Width	FFE	\$	85.98	\$	85.98	\$	-
	Grill Scraper 6"Wx16"Long	FFE	\$	39.59	\$	39.59	\$	-
	Grill Brush, 51-1/5	FFE	\$	63.18	\$	63.18	\$	-
	Fry Pan - Natural Finish 10"Diam.	FFE	\$	509.01	\$	509.01	\$	-
	Total 2022				\$	4,919.91	\$	3,492.02
2023								
1/1/2023	Netgear	COMP	\$	99.99			\$	99.99
2/24/2023	Best Buy	COMP	\$	1,534.88			\$	1,534.88
6/19/2023	Curtis ALP2GT12A000 12 Cup Coffee Brewer with 1 Lower and 1 Upper Warmer - 120V	FF&E	\$	689.00	\$	689.00		
7/29/2023	Waring JC4000 Heavy-Duty 1800 RPM Citrus Juicer	FF&E	\$	689.00	\$	689.00		
12/29/2023	Netgear	COMP	\$	99.99			\$	99.99
	Total 2023				\$	1,378.00	\$	1,734.86

Fill in this information to identify the case:

Debtor name Epic Smokehouse LLC
 United States Bankruptcy Court for the: Eastern District of Virginia
 Case number (if known): 25-10855

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name
Small Business Administration
 Creditor's mailing address
409 3rd St., SW
Washington, DC 20416
 Creditor's email address, if known
 Date debt was incurred 05/01/2020
 Last 4 digits of account number
 Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor,
 []

Describe debtor's property that is subject to a lien
Blanket UCC lien

\$ 150,000.00 \$ Undetermined

Describe the lien
Agreement you made

- Is the creditor an insider or related party?
☒ No
☐ Yes
 Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name
 Creditor's mailing address
 Creditor's email address, if known
 Date debt was incurred
 Last 4 digits of account number
 Do multiple creditors have an interest in the same property?
☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.
 []
☐ Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien
 []

\$ \$

- Describe the lien
 Is the creditor an insider or related party?
☐ No
☐ Yes
 Is anyone else liable on this claim?
☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$ 150,000.00

Case number (if known) 25-10855

Fill in this information to identify the case:

Debtor Epic Smokehouse LLC

United States Bankruptcy Court for the: Eastern District of Virginia

Case number 25-10855
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address
Arlington County Commissioner of the Revenue
2100 Clarendon Boulevard, 2nd Floor
Arlington, VA 22201

As of the petition filing date, the claim is:

Total claim
\$ 15,000.00Priority amount
\$ 15,000.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
- ☐ Yes

2.2 Priority creditor's name and mailing address
Va Dept of Taxation
PO Box 1115
Richmond, VA 23218

As of the petition filing date, the claim is:

\$ 30,000.00

\$ 30,000.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
- ☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

\$

\$

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address AlSCO 725 S Pickett St Alexandria, VA 22304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 3,078.32
3.2	Nonpriority creditor's name and mailing address American Express PO Box 981535 El Paso, TX 79998	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 36,937.50
3.3	Nonpriority creditor's name and mailing address Carefirst 840 First St NE Washington, DC 20065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 772.09
3.4	Nonpriority creditor's name and mailing address Chase PO Box 15298 Wilmington, DE 19850	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 13,442.91
3.5	Nonpriority creditor's name and mailing address Chase PO Box 15298 Wilmington, DE 19850	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 9,297.46
3.6	Nonpriority creditor's name and mailing address ChillCraft/EMR 2600 Cabover Dr Hanover, MD 21076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 5,929.34

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address

Cintas
PO Box 630803
Cincinnati, OH 45263

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,667.56

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.8 Nonpriority creditor's name and mailing address

Comcast
1701 JFK Boulevard
Philadelphia, PA 19103

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 560.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.9 Nonpriority creditor's name and mailing address

Ecolab
7373 KIRKWOOD COURT SUITE 200
Osseo, MN 55369

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,423.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.10 Nonpriority creditor's name and mailing address

Eddie Choi
829A Utterback Store Rd
Great Falls, VA 22066

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 16,000.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.11 Nonpriority creditor's name and mailing address

Extensive Tech
514 Crain Hwy N
Glen Burnie, MD 21061

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,660.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address

Food Prep
80 LARGO DRIVE
Stamford, CT 06907

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 698.69

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ¹³ Nonpriority creditor's name and mailing address

Gold Crust
6200 Columbia Park Rd
Hyattsville, MD 20785

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 613.82

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ¹⁴ Nonpriority creditor's name and mailing address

Hartford
One Hartford Plaza
Hartford, CT 06155

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 10,620.15

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ¹⁵ Nonpriority creditor's name and mailing address

Holland & Knight
3585 Atlanta Ave
Atlanta, GA 30354

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,182.75

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ¹⁶ Nonpriority creditor's name and mailing address

Intec
1800 M STREET, NW Ste 9
Washington, DC 20036

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 10,000.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>17</u>	Nonpriority creditor's name and mailing address Jared Imhoff CPA 6803 Whittier Avenue, Suite 200 McLean, VA 22101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,786.00
3. <u>18</u>	Nonpriority creditor's name and mailing address Joon Yang 1330 S. Fern St. #3 Arlington, VA 22202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 225,920.00
3. <u>19</u>	Nonpriority creditor's name and mailing address Keany Produce 3310 75th Ave Hyattsville, MD 20785	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 7,925.97
3. <u>20</u>	Nonpriority creditor's name and mailing address KMG Hauling P.O.BOX 650821 Sterling, VA 20165	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,321.70
3. <u>21</u>	Nonpriority creditor's name and mailing address Mahoneys 37458 EAGLE WAY Chicago, IL 60678	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 553.50

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²² <u> </u>	Nonpriority creditor's name and mailing address Millennium Owner LLC 140 Q St NE Ste 140B c/o UIP Property Management, Inc Washington, DC 20002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 111,137.00
3. ²³ <u> </u>	Nonpriority creditor's name and mailing address Nationwide 10507-D Braddock Road Fairfax, VA 22032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,239.00
3. ²⁴ <u> </u>	Nonpriority creditor's name and mailing address ProFish 1900 Fenwick St NE Washington, DC 20002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,902.47
3. ²⁵ <u> </u>	Nonpriority creditor's name and mailing address Resy 222 Broadway 17th Floor New York, NY 10038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 250.00
3. ²⁶ <u> </u>	Nonpriority creditor's name and mailing address Roberts Oxygen 2929 ESKRIDGE ROAD #A Fairfax, VA 22031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 646.60

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²⁷ Nonpriority creditor's name and mailing address

Sysco
8000 Dorsey Run Rd
Jessup, MD 20794

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 54,265.06

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁸ Nonpriority creditor's name and mailing address

Trimark
P.O.BOX 845396
Boston, MA 02284

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,456.71

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁹ Nonpriority creditor's name and mailing address

Washington Gas
6801 Industrial Rd
Springfield, VA 22151

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 810.36

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 3:List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Jeffrey S. Romanick Gross, Romanick, Dean & DeSimone, P.C. 3975 University Drive, Suite 410 Fairfax, VA, 22030	Line 3.22 <input type="checkbox"/> Not listed. Explain:	
4.2.	Line <input type="checkbox"/> Not listed. Explain	
4.3.	Line <input type="checkbox"/> Not listed. Explain	
4.4.	Line <input type="checkbox"/> Not listed. Explain	
4.1.	Line <input type="checkbox"/> Not listed. Explain	
4.5.	Line <input type="checkbox"/> Not listed. Explain	
4.6.	Line <input type="checkbox"/> Not listed. Explain	
4.7.	Line <input type="checkbox"/> Not listed. Explain	
4.8.	Line <input type="checkbox"/> Not listed. Explain	
4.9.	Line <input type="checkbox"/> Not listed. Explain	
4.10.	Line <input type="checkbox"/> Not listed. Explain	
4.11.	Line <input type="checkbox"/> Not listed. Explain	

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts		
5a. Total claims from Part 1	5a.	\$ 45,000.00
5b. Total claims from Part 2	5b. +	\$ 540,097.96
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 585,097.96

Fill in this information to identify the case:

Debtor name Epic Smokehouse LLC

United States Bankruptcy Court for the: Eastern District of Virginia

Case number (If known): 25-10855 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Commercial lease Lessee 112 Months Millennium Owner LLC 140 Q St NE Ste 140B c/o UIP Property Management, Inc Washington, DC, 20002
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Leases of 2 dishwashers, pest control Lessee n/a Ecolab 7373 KIRKWOOD COURT SUITE 200 Osseo, MN, 55369
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	

Fill in this information to identify the case:Debtor name Epic Smokehouse LLCUnited States Bankruptcy Court for the: Eastern District of VirginiaCase number (If known): 25-10855☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Joon Yang	1330 S Fern St #3 Arlington, VA 22202	Millennium Owner LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Joon Yang	1330 S Fern St Arlington, VA 22202	Chase	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Joon Yang	1330 S Fern St Arlington, VA 22202	Chase	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Epic Smokehouse LLC
 United States Bankruptcy Court for the: Eastern District of Virginia
 Case number (if known): 25-10855

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> MM / DD / YYYY	to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>628,114.00</u>
For prior year:	From <u>01/01/2024</u> MM / DD / YYYY	to <u>12/31/2024</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>2,150,070.00</u>
For the year before that:	From <u>01/01/2023</u> MM / DD / YYYY	to <u>12/31/2023</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>2,415,072.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> MM / DD / YYYY	to Filing date	<u></u>	\$ <u>0.00</u>
For prior year:	From <u>01/01/2024</u> MM / DD / YYYY	to <u>12/31/2024</u> MM / DD / YYYY	<u></u>	\$ <u>0.00</u>
For the year before that:	From <u>01/01/2023</u> MM / DD / YYYY	to <u>12/31/2023</u> MM / DD / YYYY	<u>Credit card rebate</u>	\$ <u>2,464.00</u>

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Sysco Creditor's name 8000 Dorsey Run Rd Jessup, MD 20794	04/08/2025	\$ 95,194.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Joon Yang Insider's name 1330 S. Fern St. #3 Arlington, VA 22202		\$ 14,308.78	Loan repayments (made directly to Penfed)
Relationship to debtor Managing member			
4.2. Insider's name		\$	
Relationship to debtor			

Debtor Epic Smokehouse LLC
Name

Case number (if known) 25-10855

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	 Creditor's name			\$
5.2.	 Creditor's name			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
 Creditor's name			\$

Last 4 digits of account number: XXXX-

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Millennium Owner v Epic Smokehouse	Unlawful Detainer	Arlington General District	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	GV25002548-00			
7.2.	Case title		Court or agency's name and address	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
 Name _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
_____	_____	_____	\$ _____

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Chung & Press PC	\$15,000 including filing fee	04/2025	\$ 13,262.00
	Address 6718 Whittier Ave Ste 200 Ste 200 McLean, VA 22101			
	Email or website address dpress@chung-press.com			
	Who made the payment, if not debtor? 			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$
	Address 			
	Email or website address 			
	Who made the payment, if not debtor? 			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee 			

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
 Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor Epic Smokehouse LLC
Name _____ Case number (if known) 25-10855 _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. _____
Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____
Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- ☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<u>Name</u>	XXXX- <u> </u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u> </u>	<u> </u>	\$ <u> </u>
18.2.	<u>Name</u>	XXXX- <u> </u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u> </u>	<u> </u>	\$ <u> </u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Name</u>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Address</u>			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Public Storage</u> Name 398 Longbridge Dr Arlington, VA 22202	Joon Yang	Old records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Address</u>			

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
<u>Coca Cola Company</u> Name		Coke machines	\$ <u>Unknown</u>

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<u></u>			<input type="checkbox"/> Pending
<u>Case number</u>	<u>Name</u>		<input type="checkbox"/> On appeal
<u></u>			<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<u>Name</u>	<u>Name</u>		<u></u>

Debtor Epic Smokehouse LLC
Name

Case number (if known) 25-10855

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____ Dates business existed From _____ To _____
25.2. Name		EIN: _____ Dates business existed From _____ To _____
25.3. Name		EIN: _____ Dates business existed From _____ To _____

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Imhoff & Associates Name 6803 Whittier Ave #200, McLean VA 22101	From _____ To 04/28/2025

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Imhoff & Associates Name	

Debtor Epic Smokehouse LLC
Name
Case number (if known) 25-10855

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
 Name _____

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Joon Yang	1330 S Fern St, Arlington, VA 22202		80
Rick Hardy	1709 Smugglers Run, Annapolis, MD 21401		20

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Joon Yang Name 1330 S. Fern St. #3 Arlington, VA 22202	129,524.89	_____	

Relationship to debtor		_____	

Debtor Epic Smokehouse LLC Case number (if known) 25-10855
Name

Name and address of recipient

30.2

Name

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/22/2025
MM / DD / YYYY

X

/s/ Joon Yang

Printed name Joon Yang

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

Fill in this information to identify the case and this filing:

Debtor Name Epic Smokehouse LLC
United States Bankruptcy Court for the: Eastern District of Virginia
Case number (If known): 25-10855

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/22/2025
MM / DD / YYYY

X /s/ Joon Yang
Signature of individual signing on behalf of debtor

Joon Yang

Printed name

Managing Member

Position or relationship to debtor